



BSLN: The Encore PARTICIPANT APPLICATION

PERSONAL INFORMATION:

NAME: _____ NICKNAME: _____

ADDRESS: _____ APT / SUITE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____) _____ - _____ BUSINESS PHONE NUMBER: (____) _____ - _____

CELL NUMBER: (____) _____ - _____ TEXT: YES NO VP NUMBER: (____) _____ - _____

GENDER: MALE FEMALE TRANS MALE TRANS FEMALE

EMAIL ADDRESS: _____ FACEBOOK ADDRESS: _____

WEBSITE ADDRESS: _____ INSTAGRAM ADDRESS: _____

I AM: HEARING HARD OF HEARING DEAF DEAF-BLIND CODA (Child of a Deaf Adult)
 WODA (Wife of Deaf Adult) HODA (Husband of Deaf Adult) SODA (Sibling of a Deaf)

PLEASE LIST ANY ACCESSIBILITY SERVICES YOU MAY REQUIRE: (i.e. Wheelchair ramps, SSP's, etc) _____

ARE YOU A U.S. CITIZEN? YES NO IF NO, YOU COUNTRY OF RESIDENCY: _____

SIGN LANGUAGE EXPERIENCE:

ASL SKILL LEVEL: NATIVE FLUENT HIGHLY SKILLED SKILLED PROGRESSING
 NEED A LOT OF PRACTICE BARELY SURVIVING

EXPERIENCE: PROFESSIONAL INTERPRETER (4+ years of professional interpreting) How many years? _____
 NEW INTERPRETER (0-4 years of professional interpreting)
 ADVANCED STUDENT (Presently in or entering Practicum / Internship)

NATIONAL CERTIFICATIONS: (List) RID: ____ / ____ / ____ / ____ NAD: _____ EIPA: _____

STATE CERTIFICATIONS: (List) STATE: _____ LEVEL: _____ STATE: _____ LEVEL: _____

INTERPRETING SKILLS: I AM COMFORTABLE USING: ASL or PSE (Contact) ASL ONLY PSE (Contact) ONLY

INTERNATIONAL INTERPRETING CERTIFICATIONS: _____

ADDITIONAL LANGUAGES: please check all languages that apply and rate your competency level

Signed:	Beginner	Average	Fluent	Interpreter:
___ LSM	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Yes <input type="checkbox"/> N
___ BSL	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Yes <input type="checkbox"/> N
___ AUSLAN	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Yes <input type="checkbox"/> N
___ NZSL	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Yes <input type="checkbox"/> N
___ Other: _____				<input type="checkbox"/> Yes <input type="checkbox"/> N

PRESENT EMPLOYMENT:

Name of Company:	Briefly describe type of work performed:

PRESENT VOLUNTEER POSITIONS:

Name of Company:	Briefly describe type of work performed:

EDUCATION:

	Name and Location:	Course Taken:		Year Completed:	Year Graduated:
High School:					
College:		Major:	Degree:		
College:		Major:	Degree:		
College:		Major:	Degree:		
Other:					

MEDICAL:

Our desire is to ensure that you are well cared for. None of the answers below will have any bearing on your presence at the workshop, but will be kept on file in case of an emergency or in order to make preparations for your unique care should medical attention becomes necessary. All information will be kept confidential and will only be shared with with medical personnel as needed.

DO YOU HAVE ANY KNOWN ALLERGIES? YES NO

[Medicine, Food, Insect (Bee / Wasp), Animal (Dog / Cat), etc]

IF YES, PLEASE LIST: If additional space is needed please use back of page

- _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
- _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening
- _____ Treat w/ Benadryl Have EpiPen Seek Medical Attention Life Threatening

Although you are not required to list chronic medical conditions or blood disorders such as HIV/AIDS, Hemophilia, or Cancer, etc., in case of an injury or an emergency, we would appreciate being informed of any serious medical conditions and/or infectious diseases /disorders while on site. This information will allow the workshop staff and volunteers to be as prepared as possible to provide any and all care that may be needed as well as allowing us to inform medical personnel of these conditions to ensure that services can be administered accordingly. All information will be kept confidential.

Major Medical Conditions: _____

Should you attend the BSLN: The Encore workshop, we request that you keep a list of all chronic medical conditions as well as a list of all prescription medications presently being taken on your person at all times.

EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT RELATIONSHIP WITH APPLICANT: _____

EMERGENCY CONTACT HOME PHONE NUMBER: (_____) _____ - _____

EMERGENCY CONTACT BUSINESS PHONE NUMBER: (_____) _____ - _____

EMERGENCY CONTACT CELL PHONE NUMBER: (_____) _____ - _____

EMERGENCY CONTACT VP NUMBER: (_____) _____ - _____

PERSPECTIVES OF PERFORMANCE INTERPRETING:

We want to get to know you! Please take a moment to answer the questions below:

1. What caused your initial interest in Performance Interpreting? _____

2. Have you attended a Bringing the Stage to Life Workshop? YES NO If yes, what city? _____

3. Have you received prior training in Performance Interpreting? YES NO If yes, please explain? _____

4. Briefly explain your Performance Interpreting experience: _____

5. What type of venues have you interpreted music or musical theater: _____

6. If you could interpret for any artist or theatre production what would be your top 3 picks?

1. _____ 2. _____ 3. _____

7. What makes a great musical interpreter? _____

8. Pick One: I believe Interpreters should interpret music by "getting out of the way" and performing with minimal facial expressions and minimal body language only providing and essence of the on stage performance...in essence they should "caption" the show.

I believe interpreters should express strong facial expressions and body language matching the performance as much as possible in a balanced fashion making the transition between interpreter and stage as smooth as possible.

9. When interpreting on stage:

I believe interpreters should use ASL only when interpreting music.

I believe interpreters should use a mix of ASL/PSE (Contact) when interpreting music.

I believe interpreters should use PSE (Contact) only when interpreting music.

I believe interpreters should start in _____ then modify as the consumers provide feedback from the audience.

I believe interpreters should start in whatever language the consumers prefer but if it is unknown start in _____ and change as needed.

10. Favorite YouTube videos/interpreters: _____

11. I believe: Glossing is more important than affect.
 Affect is more important than glossing.
 Both are important.

12. Feedback: I feel comfortable in my skills therefore consumer and/or instructor feedback feels superfluous.
 I am neutral about feedback, I can take it or leave it.
 I don't enjoy feedback but I know I need it.
 I am desperate for feedback.

13. What is your biggest struggle as a performance interpreter? _____

14. What is your most successful attribute as a performance interpreter? _____

15. What intimidates you about performance interpreting? _____

16. What motivates you to be a performance interpreter? _____

17. What do you hope to gain from the BSL workshop? _____

18. If you could choose to include specific skill building activities in the BSL workshop, what activities would you choose to do? _____

19. If you could choose NOT to include specific skill building activities in the BSL workshop, what activities would you choose NOT to do? _____

What is your confidence level?

1	2	3	4	5	6	7	8	9	10
Low				Moderate					High

PLEASE INCLUDE THE FOLLOWING ALONG WITH YOUR COMPLETED APPLICATION:

- RESUME
- PHOTO
- BIO
- AUDITION VIDEOS which should include the following:

 A Signed Introduction

- Introduce Yourself
- Give a brief synopsis of where you are from and your experience with performance interpreting
- A brief synopsis of why you are interested in attending BSLN: The Encore

 Two Interpreted Songs

- One popular music selection
- One musical theater selection

Audition videos do not need to be professional quality. The quality of the video will only affect your acceptance if seeing your signs becomes significantly difficult thereby not allowing it to be fully evaluated. Please be sure that the audition videos have working audio and are clear to see. Videos can be submitted via regular mail using a DVD or flash drive along with your paper application sent to the address below. Applications and audition videos can also be submitted via email using listed or unlisted YouTube links, TransferNow, or WeTransfer. All email submissions should be sent to workshops@gatecommunications.org.

 Please send the application with all additional information to:

Audition videos can be sent via DVD, flash drive, WeTransfer, Dropbox, or uploaded to an unlisted YouTube channel

Gate Communications

BSLN: The Encore Application

330 Mallory Station Rd, Ste 10

Franklin, TN 37067

It is the policy of Gate Communications not to discriminate when evaluating potential workshop attendees based on an individual's race, color, religion, sex, national origin, height, weight, marital status, political beliefs, genetic information, identity, disability or handicap.

CERTIFICATION:

By signing this application I state that all the information herein is true and accurate to the best of my knowledge. Upon signing this application I am entering into a hold harmless agreement with Gate Communications and all of the Staff and Board members of the organization. I agree that I will not hold Gate Communications, any of the Staff members or Board members responsible should any injury or harm, real or perceived, take place to myself or belongings while a part of BSLN: The Encore Workshop.

I also agree with my signature to allow Gate Communications to use any video footage as well as still photos that may be taken during the course of the BSLN: The Encore Workshop for educational and advertising services.

By signing this application I understand and agree to uphold the policies dictated and required at the event site which includes no alcohol, drugs, smoking inside the venue/hotel, sexual activity, or pornography while at the workshop. I also agree to refrain from the use of illegal drugs and/or driving while intoxicated, or under the influence while a part of the BSLN: The Encore Workshop. I understand that disruptive or divisive behavior is not acceptable while a part of the workshop. Examples of disruptive/divisive behavior include, but are not limited to, arguing, complaining, physical or verbal attacks, emotional or physical aggression towards participants, speakers, event staff, venue staff, or instructors. I understand I am expected and required to maintain the codes of conduct set forth by Gate Communications.

My signature on this application signifies that I agree to all the rules and expectations and policies set forth by Gate Communications. I understand if I do not abide by Gate's rules and policies I can be temporarily removed or permanently dismissed from the workshop and expected to vacate the hotel with no expectation of reimbursement or travel assistance.

Gate Communications promotes learning environments based on love and respect. We are an organization which thrives on the administration of anti-ego, anti-criticism, anti-discrimination, and anti-drama based environments. We believe we are all coming together as imperfect humans all striving to improve our skills and our character without judgement of our fellow interpreters, students, and community members. Gate promotes grace and forgiveness when interacting with individuals whose perspectives differ than your own. Gate promotes an offense free environment at all times. Most importantly, Gate Communications loves people. Therefore, by signing this agreement you agree to promote this type of environment throughout the course of BSLN: The Encore.

Signature: _____ Date: _____

Printed Name: _____

Housing and Meal Information

It is the desire of Gate Communications to make your housing arrangements as comfortable as possible. To keep the cost down most individuals will be sharing an extended stay suite with a second person. In the process of picking your roommate we want to make sure we find someone who is a good fit for you. We cannot guarantee we will find someone with your similar interests or preferences, however we will do our best to attempt to find a roommate to whom you can relate. Fill out the answers to the best of your ability. Remember, these answers are only used for guiding housing arrangements and have no affect on whether or not you are chosen to participate in the workshop.

Type of Room Requested: Single Room (Additional Fees Apply) Double Room (No Additional Fees Apply)

Sleep Schedule: Early Riser Night Owl

Please select the answers that best describe you:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> I am a parent of young kids | <input type="checkbox"/> I am a parent of teenagers | <input type="checkbox"/> I am a parent with no kids in the house | <input type="checkbox"/> I don't drink |
| <input type="checkbox"/> I love to drink | <input type="checkbox"/> I am a light social drinker | <input type="checkbox"/> I like to party | <input type="checkbox"/> I am friendly |
| <input type="checkbox"/> I am a comedian | <input type="checkbox"/> I am active | <input type="checkbox"/> I am a dare devil | <input type="checkbox"/> I like safety |
| <input type="checkbox"/> I am rarely emotional | <input type="checkbox"/> I can be emotional | <input type="checkbox"/> I am very serious | <input type="checkbox"/> I am pensive |
| <input type="checkbox"/> People frustrate me | <input type="checkbox"/> People rarely frustrate me | <input type="checkbox"/> I am dramatic | <input type="checkbox"/> I am agressive |
| <input type="checkbox"/> I am LGBTQQIAP | <input type="checkbox"/> I am straight | <input type="checkbox"/> I am definitely a Type A personality | <input type="checkbox"/> I am a thinker |
| <input type="checkbox"/> I love being around people | <input type="checkbox"/> I have very few opinions | <input type="checkbox"/> I have a million opinions | <input type="checkbox"/> I am a listener |
| <input type="checkbox"/> I need my personal space | <input type="checkbox"/> I value my free time | <input type="checkbox"/> I am a workaholic | <input type="checkbox"/> I am a cat lover |
| <input type="checkbox"/> I am loud | <input type="checkbox"/> I like to sit still | <input type="checkbox"/> I don't like to sit still | <input type="checkbox"/> I am a dog lover |
| <input type="checkbox"/> I am a practical joker | <input type="checkbox"/> I love numbers | <input type="checkbox"/> I love history | <input type="checkbox"/> I love literature |
| <input type="checkbox"/> I am a feeler | <input type="checkbox"/> I am rarely satisfied | <input type="checkbox"/> I am usually satisfied | <input type="checkbox"/> I love to argue |
| <input type="checkbox"/> I am very religious | <input type="checkbox"/> I am not interested in religion | <input type="checkbox"/> I have no strong opinions on religion | <input type="checkbox"/> I am liberal |
| <input type="checkbox"/> I am conservative | <input type="checkbox"/> I love politics | <input type="checkbox"/> I hate politics | <input type="checkbox"/> I am artsy |
| <input type="checkbox"/> I have a bright outlook | <input type="checkbox"/> I like to find the problems | <input type="checkbox"/> I don't recognize problems | <input type="checkbox"/> I am easy going |
| <input type="checkbox"/> I am a tech geek | <input type="checkbox"/> I am a talker | <input type="checkbox"/> I am quiet | <input type="checkbox"/> I am giggly |
| <input type="checkbox"/> I tend to complain | <input type="checkbox"/> I rarely complain | Hobbies: _____ | |

Religion: Christian Catholic Jewish Atheist Wiccan
 Jehovah's Witness Mormon Agnostic Muslim Pagan
 Unitarian Scientologist Buddhist Hindu Ba-hai
 Other: _____ No opinion on the subject

Are there any types of roommates you would prefer TO have or prefer NOT to have:

Meal Plan: No Preferences Vegetarian Vegan Gluten-Free

I do not eat: _____